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CONFIRMATION NO. 1000

<b>SERIAL NUMBER</b> 10/693,835	<b>FILING OR 371(c) DATE</b> 10/24/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 1023-285US01
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/508,511 10/02/2003

ok Btg 10/1/06

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

None Btg 10/1/06

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

05/21/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Brian Gaden</u> Examiner's Signature <u>Btg</u> Initials				

**ADDRESS**

28863

**TITLE**

Medical device programmer with internal antenna and display

<b>FILING FEE RECEIVED</b> 1152	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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